

Pertussis Case Investigation Form

Public Health Unit

Outbreak ID: NCIMS ID: Date entered into database:/...../.....
Completed by: Phone: Fax:

NOTIFICATION:

Date PHU notified:/...../..... Date initial response:/...../.....
Notifier: Organisation:
Telephone: Fax: Email:
Treating Dr:
Telephone: Fax: Email:

CASE DETAILS:

UR No:

Name:
First name Surname

Date of birth:/...../..... Age: Years Months Sex: Male Female

Name of parent/carer:

Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander Non-Indigenous Unknown

English preferred language: Yes No – specify Ethnicity – specify

Permanent address:
Postcode:

Home tel: Mob: Email:

Occupation: Work telephone:

Temporary address (if different from permanent address):
Postcode:

Telephone: Mob: Email:

General Practitioner: Dr
Address: Postcode:

Telephone: Fax: Email:

CLINICAL DETAILS:

Clinical evidence:

Coryza Inspiratory whoop
 Catarrh Onset of catarrhal stage:/...../..... Unknown 7nUbcglg
 Cough Onset of Cough:/...../..... Unknown Post cough vomiting
 Paroxysms Onset of paroxysms:/...../..... Unknown Apnoea
Cough still present: Yes No Unknown Fever (negative symptom)
Cough duration: Unknown Other symptoms

Emergency Department Presentation:

Due to the condition Hospital: Date:/...../..... to/...../..... No Unknown

Hospitalised:

Due to the condition Hospital: Date:/...../..... to/...../..... No Unknown

Hospital acquired If Hospitalised: ICU Admission: Yes Date:/...../..... to/...../..... No Unknown

Complications: Yes – specify No Unknown

Outcome: Survived Died Date of death:/...../..... Died of condition Yes No Unknown

LABORATORY:

Laboratory:

First specimen date:/...../.....

...../...../.....

B. pertussis PCR/NAT +ve Yes No UnknownPertussis IgA +ve Yes No UnknownIsolation of *B. pertussis* Yes No UnknownPertussis toxin IgG seroconversion Yes No UnknownNo laboratory testing; epidemiologically linked Yes No Unknown**EXPOSURE PERIOD:**

Date:/...../.....

(Onset of catarrhal stage – 21 days)

to

Date:/...../.....

(Onset of catarrhal stage – 4 days)

NOTE: Use onset of first cough if onset of catarrhal stage unknown

During this time was there contact with confirmed/suspected case(s) Yes No Unknown

Name / NID: Telephone: Contact type:

Name / NID: Telephone: Contact type:

PLACE ACQUIRED: State/territory Other Australian state/territory – *specify* Unknown Other country – *specify***PERTUSSIS VACCINATION DETAILS:**

Dose	Date	Type	Vaccination status:	Vaccination Validation:
1/...../.....	<input type="checkbox"/> Not vaccinated	<input type="checkbox"/> 5-F #J ⇒ 5G
2/...../.....	<input type="checkbox"/> Age-Appropriate	<input type="checkbox"/> Health record
3/...../.....	<input type="checkbox"/> Incomplete	<input type="checkbox"/> GY ZFYdcfH X
4/...../.....	<input type="checkbox"/> Unknown	<input type="checkbox"/> Not applicable
5/...../.....		

Vaccination notes:

MATERNAL PERTUSSIS VACCINATION DETAILS: (complete for cases aged ≤ 6 months of age at onset)Was mother vaccinated Yes No Unknown

Date of mother's last dose:/...../.....

Type received by mother: Gestational Age at time of Maternal vaccination: wks

Maternal vaccination validation: 5-F #J ⇒ 5G Health record GY ZFYdcfH X Not applicable

Maternal vaccination notes:

INFECTIOUS PERIOD:

Date:/...../.....

(Onset of catarrhal stage)

to

Date:/...../.....

(Onset of cough + 21 days / paroxysmal cough + 14 days)

NOTE: Use onset of first cough if onset of catarrhal stage unknown

Appropriate antibiotic commenced: Yes No Azithromycin Clarithromycin Erythromycin Trimethoprim + Sulfamethoxazole Other, specify

Date commenced:/...../.....

Non infectious 5 days later: Date:/...../.....

During this time did the case have contact with infants <6months of age in the following settings?

- Household – *specify* Telephone: Dates:
 – *specify* Telephone: Dates:
- Other overnight stays e.g. educational/residential facility
 – *specify* Telephone: Dates attended:
 – *specify* Telephone: Dates attended:
- Childcare – *specify* Telephone: Dates attended:
 – *specify* Telephone: Dates attended:
- Preschool/school – *specify* Telephone: Dates attended:
- Hosp/healthcare facility - *specify* Telephone: Dates attended:
 – *specify* Telephone: Dates attended:
- Other contact with infants <6months or pregnant women
 – *specify* Telephone: Dates:
 – *specify* Telephone: Dates:

Was the case excluded from childcare/school/other high risk setting? Yes No Unknown

 – *specify*

NOTIFICATION DECISION:

Confirmed – Pertussis case

Probable – Pertussis case

CONTACT MANAGEMENT:

Type of contact	Number of contacts	Advice Provided	Antibiotics recommended	Number excluded from childcare
Household				
Total children	Children < 6 months with < 3 DTPa*	Children:	Children:	Children:
Total adults	Women in last month of pregnancy	Adults:	Adults:	Adults:
Attends childcare				
Total children	Children < 6 months with < 3 DTPa*	Children:	Children:	Children:
	Children > 6 months with < 3 DTPa*			
Total adults	Staff >10 yrs since last DTPa*	Adults:	Adults:	Adults:
	Staff in last month of pregnancy			
Other significant contacts				
Total children	Children < 6 months with < 3 DTPa*	Children:	Children:	Children:
Total adults	Women in last month of pregnancy	Adults:	Adults:	Adults:

* Use of the term DTPa refers more broadly to any pertussis containing vaccine

COMMENTS: